

## **YOLO COUNTY HOUSING**

147 W. Main Street, Woodland, CA 95695

(530) 662-5428; Fax No.: (530) 662-5429; TDD: 1-800-545-1833, ext. 626

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### **NOTICE OF RIGHT TO REASONABLE ACCOMMODATION OR MODIFICATION**

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Yolo County Housing (hereinafter YCH) shall fully comply with all applicable state and federal fair housing laws and regulations, including HUD Notice PIH 2006-13, the Fair Housing Amendments Act, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, the Architectural Barriers Act, the California Fair Employment and Housing Act, and the Unruh Act. YCH does not discriminate against any person on the basis of their race, religion, sex, color, ancestry, national origin, age, disability, medical condition, veteran status, familial status, marital status, sexual orientation, source of income, or other legally protected status. In addition, YCH has a legal obligation to provide services and reasonable accommodations or modifications that allow people with disabilities an equal opportunity to participate in and benefit from any YCH housing assistance or other programs.

A reasonable accommodation or modification is a change YCH can make to its policies and procedures, methods of communication, or physical modifications to a housing unit (not including privately owned units under the Housing Choice Voucher program) that enables an otherwise eligible family member with a physical or mental disability to participate fully in housing assistance or other programs. If you or any member of your family have a disability, and think you might need a reasonable accommodation or modification, you have a right to request it at any time during the application process or after admission into the program.

An applicant and/or an applicant with a disabled family member must be able to meet the essential obligations of occupancy. For example, all participants must pay rent, maintain the unit, report-required information to YCH, and refrain from disturbing their neighbors, etc. A resident and/or a resident with a disabled family member may meet his/her obligations independently or with assistance from another person or an outside agency.

If you need an accommodation in YCH policies or procedures, a repair or change in your apartment, a repair or change to some other part of the property, or a change in the way we communicate with you because of a disability, your first step is to complete a REQUEST FOR REASONABLE ACCOMMODATION OR MODIFICATION form. After you complete and return the form to YCH, the form will be mailed or faxed to the person you indicated on the form for verification. If your request is reasonable, and if it does not impose an undue financial and administrative burden on YCH or does not fundamentally alter the nature of YCH's operations, then we will try to make the changes you need. YCH will make every effort to render a decision within thirty (30) business days. During this time, we will let you know if we need more information. If we turn down your request, we will explain our decision, and you may provide us with additional information. Please advise us if you need help in using the form, or if you wish to receive this Request Form in an alternative format to meet your communication needs.

*Yolo County Housing is an equal opportunity provider and employer.*

Housing Specialist: \_\_\_\_\_

\_\_\_ New Request  
\_\_\_ Annual Re-Exam

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**REQUEST FOR A REASONABLE ACCOMMODATION/REASONABLE MODIFICATION**

Household File Name: \_\_\_\_\_ TDD/Phone: \_\_\_\_\_

Address: \_\_\_\_\_

The following member of this household, \_\_\_\_\_, has a disability as defined below:

**Disability: A physical or mental impairment that limits one or more major life activities; a record of having such an impairment; or being regarded as having such impairment.**

**1. As a result of this disability, I am requesting the following reasonable accommodation:**

☐ Change in rule, policy, or procedure. Please specify: \_\_\_\_\_

☐ Change in apartment or another part of the housing development. Please specify: \_\_\_\_\_

☐ Other, please explain: \_\_\_\_\_

**2. This request for an accommodation or modification is necessary so that I can: Please specify and attach additional pages if needed:**

**3. List the name of the individual who can verify the disability and the need for the accommodation or modification requested. Typically, this should be the individual providing professional services that relate to the disability.**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Clinic, office, or organization: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Yolo County Housing will mail a verification form to this individual. The verification form must be signed and returned to YCH by mail or fax by the individual listed.**

**Authorization to Release Information:** I authorize the health care professional/service provider listed above to disclose the information requested on this form to Yolo County Housing regarding the need for a reasonable accommodation/reasonable modification. I understand the information Yolo County Housing obtains will be kept confidential and used solely to determine if a reasonable accommodation and/or modification should be provided. I further understand that YCH will not have access to my confidential medical records.

Signed \_\_\_\_\_  
Signature Printed name Date

Relationship to Person Requesting Reasonable Accommodation/Modification: \_\_\_\_\_  
(Parent, Legal Guardian, etc.)

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